

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000000120 (4)

1. Corporation Name

GROCE MOBILE HOME PARK, INC.

Principal Place of Business

P.O. BOX 881  
PINELLAS PARK FL 34664

Mailing Address

P.O. BOX 881  
PINELLAS PARK FL 34664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3156080	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JANSSEN, DUANE H 1626 38TH AVENUE NORTH ST. PETERSBURG FL 33713				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	
NAME	BAKER, GERALD P	1.2 NAME	
STREET ADDRESS	6822 22ND AVE N #400	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BAKER, KATHRYN	2.2 NAME	
STREET ADDRESS	131 MONTEZUMA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYONS NY 14489	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	PERRY, LAWRENCE	3.2 NAME	
STREET ADDRESS	28 DEPEW AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LYONS NY 14489	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the Corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

Gerald P. Baker

CR2E034 (10/97)